BF-56A 12/27/2004 R

STATE OF IDAHO DIVISION OF BUILDING SAFETY BUILDING BUREAU

1090 E. Watertower Meridian, ID 83642

HUD MANUFACTURED HOME CONSUMER COMPLAINT FORM

CONSUMER NAME:	HOME PI	HOME PHONE NUMBER:				
MAILING						
ADDRESS: (Street)	(City)	(State)	(Zip Code)	HONE NUMBER:		
PHYSICAL LOCATION: (if different from mailing address)			E-Mail Addr	ess:		
MANUFACTURED HOME IDENT	TIFICATION:					
MANUFACTURER:		LOCATION:		DATE OF M	IANUF:	
SERIAL NUMBER:		HUD LABEL N	NUMBER: DATE PURCHASED:			
DEALER:			PHONE NUMBER:			
DEALER ADDRESS:						
	(Street)		(City)	(State)	(Zip Code)	
INSTALLER COMPANY:			PHONE NUMBER:			
INSTALLER ADDRESS:						
THO THE BERT IN BREES.	(Street)		(City)	(State)	(Zip Code)	
		CONSUMER IN	NFORMATION			
NATURE OF COMPLAINT:						
TATIONE OF COMPLEMENT.						
ATTACH ADDITIONAL LIST IF NEC	ESSARY.					
SIGNATURE				DATE		